Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO, Physician Workforce, Compensation & Workspace
Location Calgary
Expenses submitted during the month of March 2014

			Travel (1)							
Date	**Source Document**	**Purpose**	**Airfare**	**Meals**	**Accommodation**	**Other Travel**	**Total Travel**	**Professional Development (2)**	**Working Sessions Hosting and Hospitality (3)**	**Other (4)**
Mar-14	P-Card	Meetings	302				302			
Mar-14	Expense Claim	Conferences	342	72		571	985	-		
Total			$ 644	$ 72	$ -	$ 571	$ 1,287	$ -	$ -	$ -

Total for the Month $ 1,287

Maximum daily single meal expense claimed in the month	$	27
Maximum daily base hotel rate claimed in the month	$	145
Non economy air travel in the month	$	-

1) Travel expenses
Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development
Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Alberta Health Services

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	

MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION (Check one only)

☐ Sole Proprietor ☑ Professional Corporation

Invoice Date:		Invoice #:			
Vendor Name:	Nichol-Pereles Professional Corporation		Vendor# (if known)		
Address			City:		
Province/State:		Postal Code:		Country	
Reason for Expense &/or Business Case	Attending meetings in Edmonton /Slave Lake, AB related to ACMO.				

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required

Cells that are locked (Complete calculations) are shaded Aqua   Cells requiring selection from dropdown menu are shaded Orange

SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION
(Departments must provide Complete Coding)

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the 'Rational is Required' section below

Corp/BU/Org e.g. 101	Location (If applicable) e.g. 0000	Functional Centre/Primary e.g. 71136000440	Expense/Secondary Acct e.g. 64800001	Cost Effective Method Used?	Expense Sub - Total	GST (If applicable)	TOTAL
101	0000	71110000012	62312000	Yes			
☑ Canadian $	☐ US $	☐ Other Currency	TOTAL PAYMENT				$984.76

SECTION 3: AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#

☑ I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy(1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
☑ I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.
☑ I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
☑ I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Claimant signature	Position Title/Program Group	Date	Phone#
	ACMO	31-Mar-14	[redacted]

☑ I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
☑ I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.
☑ I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
☑ I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Approved by (Print Name)	Signature	Date	
Dr. Verna Yiu		Apr 1/14	[redacted]
Title/Program Group	[redacted]	DOFA Level	[redacted]
VP, Quality & CMO			

GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1118 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122

1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form
2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) ... and ... of the Freedom of Information and Protection of Privacy (FOIP) Act respectively for the purpose of administering AHS ... programs. For more information, questions or concerns about the collection, use or disclosure of ... information, please contact Mark Paiko, Director Accounts Payable at 780 ... or email ...

Created: March 15, 2013
Implementation April 3, 2013
Revision # 5

AP Quality & Compliance

AP-F-002

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required

SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

Date	Purpose of Expense	GST	Conference	Hotel	Parking /Taxi	Meal Type	Meals	Meal Receipt	Rental Car/Airfare/Fuel	Cost Effective method used?	Mileage km
24-Mar-14	Edm RF all day conf meeting			$190.06 ✓	$20.00 ✓	dinner	$23.92 ✓				600.00 ✓
25-Mar-14	Edm Slave Lake re: FCC			$152.25 ✓	$20.00 ✓	dinner	$17.13 ✓		$159.31 ✓		
26-Mar-14	Slave Lake/Edm re:FCC					dinner	$31.66 ✓		$67.44 ✓		
	SUBTOTAL			$342.31	$40.00		$71.71		$226.75		600.00

Enter $0.505, $0.47 OR rate per Union Agreement	0.505
Mileage $	$ 303.00

SECTION 5: MEDICAL AFFAIRS STAFF COMMITTEE MEETING EXPENSES

BU/Unit	Location	Functional Centre	Expense Account	Approved AHS Committee Name	Meeting Date	Cost effective Method Used	Stipend	Other Expenses
					SUBTOTAL			

Rational is Required for expenses that are not Cost Effective:
(supporting analysis and documentation must be attached to this form)

Section 4 Subtotal	$	681.76
Section 4 GST Total		
Section 5 Subtotal		
Mileage Total	$	303.00
Total Payment	$	984.76

MEAL PER DIEM RATES

B = Breakfast = $9.20 L = Lunch = $11.60 D = Dinner = $20.75 A = ALL MEALS = $41.55

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

$0.505 per km for under 5,000km/yr
$0.47 per km for over 5,000km/yr
or per Union Agreement

Reference Links

Delegation of Authority for Financial Commitments Authorization Table
Policy #1115 - Delegation of Authority for Financial Commitments
Policy #1122 Travel, Hospitality & Working Session Expenses
AHS Chart of Account Mapping Tool (this page also has a link for SAS Representatives)

Created March 15 2013
Implementation April 3, 2013
Revision # 5

Dr. K Nicholl

Sherlock Holmes Pub
Downtown

Edmonton, AB
Phone: 780 426 7764
Fax: 780 421 6072
GST#R100031351 9
Table #11-2

[redacted]

TOTAL: $20.93
Amount Due: $20.93

[redacted]

THE SHERLOCK HOLMES PUB
10012 104TH AVE NW
EDMONTON AB

CARD [redacted]
CARD TYPE [redacted]
DATE
TIME 10/13 19:42:11
RECEIPT NUMBER
[redacted]

PURCHASE
AMOUNT $29.99
TIP $4.43
TOTAL

$34.42

[redacted]

[redacted]

APPROVED

AUTH# [redacted] 01-027
THANK YOU

CUSTOMER COPY

SHERLOCK - BETHEL INC

[illegible] R. Nichol

[illegible]

[illegible] [redacted]
[illegible]/14/14 17:[illegible] [illegible] [redacted]
[illegible]/14/14 [illegible] 07/14/14 17:24 [illegible]
[illegible] [redacted]

Regular Rate	$	[illegible]
Total Tax	$	[illegible]
Total Fee	$	20.00
CASH PAID	$	20.00-
Cash Tender	$	20.00
Change Due	$	[illegible]

[illegible]

[illegible] Parking - Day use while
working RF All Day Con[illegible]
$20.00

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Rowland Nichol
[redacted]
Canada

Email: CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA

Page Number : 1
Guest Number: [redacted]
Folio ID : A
No. Of Guest: 2
Room Number : [redacted]
Room Rate : 145.00
Club Account: [redacted]

Invoice Nbr: [redacted]
Arrive Date: 14-MAR-14 14:46
Depart Date: 15-MAR-14 08:19

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 15-MAR-14 08:19 [redacted]

Date	Reference	Description	Charges	Credits
14-MAR-14	RT1518	Room Charge	145.00	
14-MAR-14	RT1518	GST	7.47	
14-MAR-14	RT1518	DMF	4.35	
14-MAR-14	RT1518	Tourism Levy	5.97	
14-MAR-14	RT1518	Parking Self	26.00	
14-MAR-14	RT1518	GST	1.30	
15-MAR-14	[redacted]	[redacted]		-190.09
		** Total	190.09	-190.09
		*** Balance	0.00	

[redacted]

03-26-14

Rowland Nichol
[redacted]
Canada

Folio No. : [redacted]
A/R Number :
Group Code :
Company :
Membership No. : [redacted]
Invoice No. :

Room No. : [redacted]
Arrival : 03-25-14
Departure : 03-26-14
Conf. No. : [redacted]
Rate Code : [redacted]
Page No. : 1 of 1

Date	Description	Charges	Credits
03-25-14	*Accommodation	145 00	
03-25-14	Tourism Levy 4% - Room	5 80	
03-25-14	DESTINATION MARKETING FI	1.45	
03-26-14	Visa [redacted]		152.25
	Total	152.25	152.25
	Balance	0.00	

Thank you for staying at Holiday Inn Express Hotel Slave Lake. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www. priorityclub.com. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer

Holiday Inn Express Hotel Slave Lake
1551 Main Street SE
PO Box 427
Slave Lake, Alberta, TOG2A0 Canada
Telephone (780) 849-4819 Fax: (780) 849-5045

enterprise

Renter Name NICHOL ROWLAND
[redacted]

ALBERTA HEALTH SERVICES
Contract ID

Rental Location
EDMONTON INTL AIRPT
1000 AIRPORT ROAD
[illegible] AB [illegible]

25-MAR-2014 [illegible] PM

Phone [redacted]

Return Location
EDMONTON INTL AIRPT

26-MAR-2014 [illegible] PM

Charges	No.	Unit	Price/Unit	Amount	
TIME & DISTANCE	2	Days	[illegible]	[illegible]	*
UNLIMITED MILEAGE - TIME & DIST		M/Kms		[illegible]	*
CDW	2	Days	[illegible]3.99	[illegible]	*
ROADSIDE ASSISTANCE PROTECTION	2	Days	[illegible].99	9.98	*
CUSTOMER FACILITY CHARGE	2	Days	4.00	8.00	*
GST			139.[illegible]	21.[illegible]	*
VLF REC	2	Days	0.79	1.58	*

Vehicle # [redacted]
Model [redacted]
Class Driven [redacted]
Class Charge
License#
State/Province ALBERTA
M/Kms Driven [illegible]
M/Kms Out 11602
M/Kms In 12176

Rate Info

Messages

* Taxable Items
Subject to Audit
Your loyalty number [redacted]

Total Charges CAD 169.21

Payments
Visa [redacted] 3855
AUTH: [redacted]-MAR-2014 203.17 Payment -169.21

For Reservations: 1-800-RENT-A-CAR

Amount Due CAD 0.00

Boston Pizza

Here to make you happy.

BOSTON PIZZA

[redacted]

SLAVE LAKE #1[illegible]

Table 32 #Party 1

SvrCk: 27 13:31 03/25/14

1 N.S. PSF	3.[illegible]
1 JAMBA FETT, pt Jambalaya	10.99
Sub Total:	14.[illegible]
GST :	0.71
03/25 19:55 TOTAL :	14.[illegible]9

THANK YOU!

GST #872687166RT

PLEASE PAY SERVER

WELCOME TO

BOSTON PIZZA

TELL US HOW WE DID!!

We value your feedback.

Complete a short survey and receive a

weekly chance to win an awesome

$50 Boston Pizza Gift Card.

Keep this receipt and go to

www.tellbostonpizza.com

OR call 1.888.205.5778

****

For complete rules and eligibility

38961-31000-0021

[redacted]

Server Hu 25/14

[redacted]

20.90

Calgary Airport
$20.90
Mar 27/14

7-ELEVEN
AIRPORT & N SERVICES
EDMONTON AB T5J 2T2
7808903209

2014-03-26 20:20:18

STORE #: [redacted]
TERM ID:
MERCH #:
TRANS #:
GST #: R104855408

PUMP 1
REGULAR
24.89L AT $1.149

SALE $ 28.61

GST INCLUDED $ 1.36

INVOICE # [redacted]
AUTH#

VISA
[redacted] C
A0000000031010
0000008000

REF: [redacted]
ACI/ISO 001/00
APPROVED [redacted]

THANK YOU
WELCOME AGAIN

SLAVE LAKE MAC'S HUSKY
180 12TH AVENUE
SLAVE LAKE AB
(780) 849-6954
GST# 104855408
Retailer ID 7675
Bat:03837 7675-2
Batch:2265-10

CAA - ALBERTA
[redacted]

Item Amount

Pump# 2
Eth Regular $28.83
24.658 L x $1.169/L
AMOUNT
GST(Inc Pump) $1.37

Pre Auth Completion
Visa Credit
AID: A0000000031010
[redacted] C
EXP: [redacted]
Date: [redacted]
Time: 19:19:18
AUTHCODE: [redacted] 7675[redacted]EC
S2640N1001002 00 000
TVR: 0000008000 TSI: F800

Approved

Earn FREE Fuel fast!
Register today at

Dr. R. Nichol

Fuel - Car Rental
Mar 28/14 $28.61

Fuel - Car Rental
Mar 25/14 $33.53

HMSHOST
HOUSTON'S
EDMONTON INTERNATIONAL AIRPORT

239024 Taylor

118/1 GST 1

7834

MAR26'14 9:[illegible]PM

DINE IN

**** SEAT 1 ****

1 SODA BAR M 3.39
FIRST RND DRINK
CODE

1 STEAK FRITES 22.00
MED RARE

TAX 1.27 AMOUNT 2 26.66

SUBTOTAL 25.39
TAX 1.27
AMOUNT DUE $26.66

THANK YOU FOR YOUR BUSINESS.

TELL US ABOUT YOUR EXPERIENCE

[redacted]

GST # 3751[illegible]

HMSHOST
HOUSTON'S
EDMONTON INTERNATIONAL AIRPORT
CHECK: [redacted]
TABLE: 118/1
SERVER: [redacted]
DATE: MAR26'14 9:31PM
CARD TYPE: [redacted]
ACCT #: [redacted]
AUTH CODE: [redacted]
ROWLAND NICHOL

TOTAL: 26.66

TIP: 4 —

TOTAL: 30.66

X _____
I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

Dinner - Marcela
$30.66

Dr. R. Nichol

Alberta Health Services

P-Card
details Online ®
Cardholder Statement Report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

STIEBEN, CHRISTINE Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period	25/03/2014
CMO Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount	$3,044 89
CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[redacted]

Statement of Transactions

[redacted]

12/03/2014	345774302	AIR CAN 0142132068394, AIR CANADA	263 81	CAD	263 81	00	00	Nichol Cal -Edm (rtn)Mar 25,26/14	8
12/03/2014	345774303	AIR CAN 0142132068394, AIR CANADA	37 80	CAD	37 60	00	00	Nichol (seat selection) Cal-Edm (rtn) Mar 25,26/14	9.

[redacted]

10.
11
12.
13.
14.
15.
16.
17
18
19.

Alberta Health Services

P-Card details Online ®
Cardholder Statement Report

Signatures

Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate _____ Signature (Optional) _____

Signature of Cardholder Designate _____ Date _____

Cardholder

By signing this statement

- I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method. Otherwise rationale and supporting analysis is provided.

STIEBEN CHRISTINE — EXECUTIVE ASSISTANT

Signature of Cardholder _____ Date _____

Approver Designate (If Applicable)

By signing this statement

- I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate _____ Approver Designate Title _____

Signature of Approver Designate _____ Date _____

Approver

By signing this statement

- I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method. Otherwise rationale and supporting analysis is provided.

Dr. Verna Yiu — VP Quality + CMO

Signature of Approver _____ Date Mar. 27/14

Submit approved statement with attachments to Accounts Payable

Attach:

- Original (or scanned) itemized receipts with documentation/business reason including names of participants where required
- Signed Cardholder Statement Report (or copies of previous signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit requests
- Dispute letter
- Business reasons for travel require detailed description – include where travelled to, who was a part of meal, why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
4th Street Plaza
10th Floor, North Tower, 10030 - 107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____

Attending Meetings

1.) Travel to Slave Lake regarding FCC

$49

From: Air Canada
To: [redacted]
Subject: cs is sending you the itinerary for your next trip from Calgary to Edmonton.
Date: March 12, 2014 13:55:18

****** PLEASE DO NOT REPLY TO THIS E-MAIL ******

Itinerary/Receipt

Bar Code

From: cs

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

[redacted]

Hotels in Edmonton

From (per night) $95 CAD

BEST WESTERN Cedar Park Inn

From (per night) $265 CAD

The Sutton Place Hotel - Edmonton

From (per night) $170 CAD

Varscona Hotel on Whyte

Why book your hotel stay at aircanada.com?

- **Lowest price** guaranteed
- Great choice of hotels
- Aeroplan Mile offer exclusive to aircanada.com

Need a car in Edmonton? Great rates and additional Aeroplan Miles.

Booking Information

Booking Reference: [redacted]

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Rowland Nichol
[redacted]
Mobile: [redacted]
Home: [redacted]
Work: [redacted]
At destination [redacted]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7383

Online Services

- **Manage** my booking online (view/change my booking, select seats*).
- **Select Seats**
- **Maple Leaf Lounge | Meal Vouchers | On My Way**
- **Alert me** of flight status changes directly to my mobile phone or email

- Flight Arrivals & Departures - check online if my flight is on time
- Check-in online and print my boarding pass

» Can my booking be changed online?

849

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8148[1]	Calgary (YYC) Tue 25 Mar 2014 14:30	Edmonton, Edmonton Int'l (YEG) Tue 25 Mar 2014 15:23	0	0hr53	CRJ	Tango, X	
AC8167[1]	Edmonton, Edmonton Int'l (YEG) Wed 26 Mar 2014 22:45	Calgary (YYC) Wed 26 Mar 2014 23:38	0	0hr53	CRJ	Tango, X	

Operated by:
[1] Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (15+), Ticket Number: [redacted]			
Air Canada - Aeroplan:	[redacted]	Meal Preference:	None
Payment Card:	[redacted]	Special Needs:	None
Seat Selection:	AC8148 5F Paid , AC8167 5A Paid		

Purchase Summary

Fare Summary Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Tango	79.00
Return Flight - Tango	79.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	35.00
Canada Goods and Services Tax (GST/HST: [illegible] 2.87 RT0001)	12.56
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	263.81
Options	
Departing Flight - Tango	
Advance Seat Selection	12.00
Return Flight - Tango	
Advance Seat Selection	18.00
Canada Goods and Services Tax ([illegible] 2.87 RT0001)	1.80
Total airfare, taxes and options (per passenger)	301.61
Number of passengers	1
Travel Insurance (Declined)	.00
Grand Total - Canadian dollars	**$301.61**

Payment Information

8 9

Credit/Debit Card [redacted] Amount paid: **$301.61**
The following charges (GST inclusive) will appear on your credit or debit card statement
- Air Canada: $263.81 (Airfare - per ticket) (8)
- Air Canada: $37.80 (Advance Seat Selection - per ticket) (9)

Ticket number(s): [redacted]

enRoute City Guide

Edmonton

Sitting on the 53rd parallel, Edmonton is the most northern city in the Americas with a population of over one million. Though it does feel northerly, it doesn't feel particularly crowded, maybe because it straddles the North Saskatchewan River to create the largest urban green space in North America...

Read the complete guide

What do you think of our new City Guide feature?

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - **Tango**
Return Flight Edmonton (YEG) To Calgary (YYC) - **Tango**

- **Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is $75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
  - **Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of $75 CAD/USD per direction, per passenger.
  - **Same-day standby** is available **only** for passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
  - Tickets are **non-refundable** and **non-transferable.**
  - **Cancellations** can be made up to 45 minutes prior to departure.
  - Provided the original booking is canceled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a new ticket, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 25% Aeroplan Miles (Altitude Qualifying Miles) for flights within Canada and 50% Aeroplan Miles (Altitude Qualifying Miles) for flights between Canada and the U.S.

Please read important information and policies regarding Air Canada's general conditions of carriage.